

LOBBYING SUPPLEMENTAL REGISTRATION FORM**To be used for changes to registrations and terminations.****Instructions**

- Print in ink or type.
- Complete form and return to the Board of Ethics, 2415 Quail Dr., Third Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

FOR OFFICE USE ONLY

06/14/01

SUPP

1040732

1. NAME Harkins Deborah D
Last First MI2. BUSINESS PHONE (504) 586-1200
Area Code and Phone Number3. BUSINESS ADDRESS 643 Magazine St. New Orleans LA 70130
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER McGlinchey Stafford, PLLC5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOUISIANA CHILDREN'S MUSEUMAddress 420 Julia Street New Orleans, LA 70130Business or purpose Museum

New Representation

Does this person pay you? NoIf No, who pays you? Pro Bono

Terminated Representation as of _____

LOBBYING REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

4. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist